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ABSTRACT

The General Accounting Office (GAO) reviewed the effectiveness of the vocational rehabilitation (VR) program by examining the characteristics of the clients served in 1988, the services they received, and their employment outcomes. The study report was slated to be completed in early 1992. In testimony before Congress, a GAO representative summarized the review's major findings as of November 1991. According to that testimony, approximately two-thirds of VR clients in 1988 had a severe disability. Among the various types of VR services, diagnosis/evaluation services were provided most frequently and education and training were provided least frequently. Most rehabilitated clients experienced short-term gains in employment and earnings. Most were rehabilitated to paid work; however, their long-term outcomes were mixed. The number of rehabilitated clients with any wage earnings quickly declined to preprogram levels, and only half of rehabilitated clients had any earnings in each of the 5 years following their participation in the VR program. VR clients were most likely to be white, male, severely disabled, and suffering from an orthopedic impairment. (Appended are a list of the major categories of conditions considered disabling and a table detailing the percentages of clients receiving various types of VR services by disability.) (MN)

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Testimony

Before the Subcommittee on Select Education,
Committee on Education and Labor,
House of Representatives

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VOCATIONAL REHABILITATION PROGRAM

Client Characteristics, Services Received, and Employment Outcomes

Statement of Robert York, Acting Director,
Program Evaluation in Human Services Areas,
Program Evaluation and Methodology Division

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Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to discuss the work GAO has done on the vocational rehabilitation (VR) program.

The Rehabilitation Act of 1973, as amended, authorizes federal funds to help persons with disabilities become employed and integrated into the community. The federal funds are chiefly passed to state rehabilitation agencies that directly provide services such as guidance, counseling, and job placement, as well as purchase other services such as therapy and training from other providers. The federal share of funding for these services is about 80 percent; the states pay the other 20 percent. In fiscal year 1990, $1.5 billion in federal funds went to the program, and about 930,000 persons were served.

To be eligible for the program, a person must possess medical certification of a disabling condition, as well as evidence that the condition is a substantial handicap to employment; in addition, there must be a reasonable expectation that VR services will benefit the person in terms of his or her employability. The act requires states to focus services on individuals with severe disabilities.

There has been little information available on the long-term vocational outcomes for clients. Information of this sort is especially necessary at this time not only because of the upcoming reauthorization of the act but also because the disabled will have, beginning in 1992, much stronger protection of their employment opportunities as the Americans with Disabilities Act becomes effective. Thus, even more than in prior years, persons with disabilities may now be looking to the VR program for effective preparation that will allow them to take advantage of work opportunities.

At your request, we are examining who the program serves, what help they get, and what the program results are. Our work is not yet completed--we expect to publish our report early in 1992--but I can present some initial findings today. In brief, we examined those served in 1988, the most recent year for which the Rehabilitation Services Administration (RSA) of the Department of Education had full data, and we also examined data on employment and earnings up through 1988 for clients who were rehabilitated (that is, placed in suitable employment for a minimum of 60 days) in 1980. Our major findings are as follows:

-- Those served in 1988 varied considerably in background and disability. About two thirds had a severe disability. Compared with those not accepted, those served were more likely to have some education beyond high school and to be severely disabled. There were few differences in

disability type for those accepted to have a diagnosis of mental retardation.

-- Most persons who were served got diagnosis and evaluation of their disability and also counseling; all other services were much less frequent, with all types of education and training least frequent. A state agency typically purchased services totaling less than $600 per client, although the amount spent on services for the average client who was rehabilitated was significantly greater. State agencies did spend a bit more on the severely disabled, on women, on younger clients, on white clients, on those with 1-3 years of education beyond high school, and on those with certain kinds of disabilities. One third of all clients received $1,000 or more of purchased services. The data reported to RSA typically underestimate the total costs of services, since they exclude costs for administrative overhead and counseling in the state agency office and services procured by the state agency but paid for by an alternate public or private entity.

-- Of those persons who were rehabilitated, there were short-term gains in employment and earnings. Most were rehabilitated to paid work, and a greater proportion had earnings from wages in the first year after rehabilitation than in the years before referral to VR. However, long-term outcomes were mixed. The number with any earnings from wages quickly declined to pre-program levels, and only half the group had earnings in each year of the 5 years following VR. The average earnings for those working did go up each year; however, 8 years after rehabilitation, 40 percent still had annual earnings that totaled less than the equivalent of working all year at the minimum wage.

SCOPE AND METHOD

In response to your request, we have examined three major questions:

1. Who is accepted into the VR program, and how do they compare with those not accepted?

2. What kinds of services do they get, and do the services vary according to client background, severity of disability, or type of disability?

3. What are the employment and earnings outcomes of those persons who are rehabilitated?

To answer the first two questions--on who the program serves and what help these people receive--we analyzed data collected by

the 84 state VR agencies and compiled by the federal Rehabilitation Services Administration (RSA) on all cases closed in fiscal year 1988. This year is the most recent one for which full state data are available from RSA. A case is either closed when a person is (1) not accepted for services, (2) rehabilitated, (3) not rehabilitated. We analyzed these RSA records to describe those accepted into the VR program (in terms of age, gender, ethnicity, education, marital status, type of disabling condition, and severity of disability) and to make comparisons with persons who applied but were not accepted. We used the same RSA records for 1988 to analyze the types and costs of services for those accepted.

To answer the third question--on the program's long-term effects on the employment and earnings of people who are rehabilitated--we looked at those clients who were rehabilitated in 1980. State VR agencies only collect information and report to RSA on rehabilitated clients' earnings and employment in the week before referral and the week of closure (that is, when clients have been suitably employed for a minimum of 60 days). By using a combination of Social Security Administration (SSA) wage records and RSA data, however, we were able to examine annual earnings of clients for 3 years before referral and 8 years after their cases were closed in 1980.[1] We adjusted all earnings to constant 1988 dollars, using the consumer price index for adjustment.

PERSONS ACCEPTED INTO THE VOCATIONAL REHABILITATION PROGRAM

First, we examined who is accepted into the VR program. When we looked at the 605,872 cases closed in 1988, we found that 42 percent applied but were not accepted; the remaining 58 percent were accepted by the state agencies, and they formed the group we analyzed in detail to answer questions about who was served.

Client Background

In the group we examined, 79 percent were white, 19 percent were black, and 2 percent were of another race; in addition, 7 percent were of Hispanic origin. Fifty-seven percent of all clients were men. Seventy-five percent of all working-age clients (that is, those 18 to 64 years of age) were 40 years old or younger. Eighty percent had 12 or fewer years of formal education. Almost half of all clients had never been married. (Twenty-six percent were married.) Women clients were slightly older on average than the men, and a greater percentage of them had been or were married.

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[1]Clients who were rehabilitated in 1980 may have been referred to the program in different years. We were able to obtain wage information from SSA for up to 3 years before referral for nearly all these cases.

We found that persons who were accepted into the program were slightly more educated than persons not accepted; otherwise, there was little distinction between the two groups.

Severity of Disability

We used RSA's definition of severity of disability in our analyses. RSA asked state VR agencies to categorize a person as having a severe disability if the person (1) had a major disabling condition such as blindness or deafness, which are automatically included, or other disabilities as qualified, such as respiratory disorder with sufficient loss of breathing capacity; (2) was a recipient of Social Security Disability Insurance or Supplemental Security Income for reason of blindness or disability, at any time during the rehabilitation process; or (3) had documented evidence of substantial loss of function in conducting certain specified activities.

State VR agencies classified 65 percent of all those accepted as severely disabled, a higher rate than in the group of persons not accepted, of whom only about one third were severely disabled.

Type of Disability

The state VR agencies serve persons having a wide range of health conditions or impairments that limit their ability to work. The state agencies report detailed information on the specific types of disabling conditions that are the major causes of work disability. In our analysis of the RSA data, we grouped these conditions into seven categories, which were based on the major categories of the ninth revision of the International Classification of Diseases: (1) visual impairment and blindness; (2) hearing impairment and deafness; (3) orthopedic impairment (loss of function or impairment of limbs, back, or spine) and amputation; (4) mental illness; (5) mental retardation; (6) substance abuse; (7) and all other conditions. (Appendix I lists the categories of impairments used by RSA as these seven categories.)

The 1988 VR client group most often had orthopedic-related impairments. Almost two thirds of the orthopedic impairments were caused by accident, injury, or poisoning. The prevalence of the seven types of disabilities was as follows: orthopedic-related (24 percent), mental illness (19 percent), mental retardation (13 percent), substance abuse (11 percent), visual impairment (7 percent), hearing impairment (7 percent), and all other impairments (18 percent).

We found only slight differences between persons accepted and persons not accepted into the program in the prevalence of the types of impairments that were the primary causes of disability. In comparison to persons not accepted into the program, those who

were accepted had a greater prevalence of mental retardation (13 versus 8 percent) and a lesser prevalence of miscellaneous conditions (18 versus 23 percent).

SERVICES RECEIVED BY PERSONS ACCEPTED INTO THE PROGRAM

Second, we examined the program's services for those accepted. It is important to note the limitations in the data that were available on the national VR program. RSA only requires the states to check off on each client's record the services received; thus we could not learn any more about the extent of these services. In addition, we were unable to calculate the total service cost because the states report only the costs for services purchased elsewhere by the agency. Thus, the reported cost omits counselor time and administrative overhead in the VR agency and also omits the cost of services purchased by other federal or state sources. One study estimated that, for the average client, the full cost of services may be at least 30 percent more than that reported by states to RSA.[2]

In general, the average client received 3 to 4 of 13 types of services typically offered by the program, at a median reported cost of $582.[3] Clients who were rehabilitated received more services and the amount spent on services for them was higher than for clients not rehabilitated ($802 versus $293).

As shown in figure 1, most clients received at least two basic services: (1) diagnosis and evaluation and (2) counseling and guidance. A much smaller percentage of the clients received other types of services, which ranged from restoration services (33 percent) to on-the-job training (8 percent). Specific types of training services were the least frequently received, although 47 percent of all clients received at least one of the five types of training included in the list.

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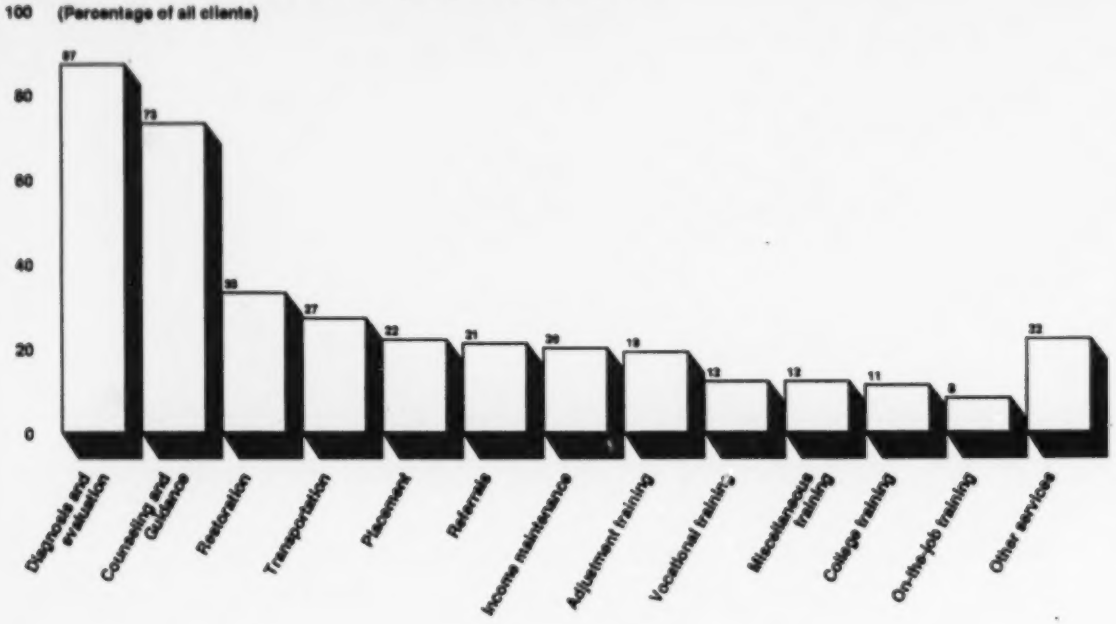
[2]D.H. Dean and R.C. Dolan, "Assessing the Role of Vocational Rehabilitation in Disability Policy," Journal of Policy Analysis and Management, 10:4 (1991), pp. 568-87.

[3]A small percentage of clients had received services that were very costly. Therefore, the median rather than mean cost of services per client is presented in order to provide a more appropriate measure. The mean number of services is presented because the possible range of services was relatively small.

Figure 1: Percent of Clients Who Received Each Type of Service



Source: 1988 RSA Case Service Reports

The program spent less than $500 on purchased services for almost half (47 percent) of all clients. There was a wide range of spending on services for the other clients: $500-$999 for 16 percent, $1,000-$2,999 for 23 percent, and $3,000 or more on 15 percent of all clients.

In the next section of our testimony, we present the differences we found in the number, cost, and types of services received by clients of different backgrounds, as well as according to the severity and type of disability.

Service Differences and Client Background

Most clients received about the same number of services, although Asian/Pacific Islander clients or those with fewer than nine years of education received marginally fewer services (3.4) than the rest (3.6 to 3.9). (See table 1.) We found that, among all clients and between categories within each client group, rehabilitated clients received about one more service on the average than did clients not rehabilitated.

Table 1: Number and Cost of Services By Client Background, Severity of Disability, and Closure Status

	Mean number of services			Median cost of services		
	All clients	Rehabilitated	Not rehabilitated	All clients	Rehabilitated	Not rehabilitated
Gender						
Male	3.7	4.1	2.9	$550	$766	$284
Female	3.7	4.1	2.9	626	850	306
Age						
18-24	3.6	4.2	2.8	645	979	320
25-44	3.8	4.2	3.0	591	825	301
45-64	3.6	3.8	3.0	615	797	300
Ethnicity						
White	3.6	4.1	2.9	615	840	306
Black	3.8	4.4	3.0	452	636	253
American Indian	3.9	4.5	3.2	469	726	290
Asian/ Pacific Islander	3.4	3.9	2.5	556	713	299
Years of education						
Fewer than 9	3.4	3.7	2.8	593	781	286
9-11	3.6	4.1	2.9	528	749	274
12	3.6	4.1	2.8	588	800	306
13-15	3.8	4.2	3.0	628	832	333
16+	3.8	4.1	3.0	580	722	269
Severity of work disability						
Severe	3.8	4.3	3.1	645	891	337
Not severe	3.4	3.9	2.6	496	692	237
All clients	3.7	4.1	2.9	582	802	293

Source: 1988 RSA case service reports

As shown in the fourth column of table 1, the median amounts spent on different types of clients varied. The median spent was higher for

-- women than for men (by 14 percent);

-- younger clients (18 to 24 years of age) than for others (by 5 to 9 percent);

-- white clients than for others (36 percent more than for blacks, for example);

-- clients with some higher education than for others.

In general, the amount spent on services for rehabilitated clients was higher than for clients not rehabilitated (by approximately 175 percent).

In general, there was little variation between clients of different backgrounds in the relative frequency with which they received each type of service. Diagnosis and evaluation, and counseling and guidance, were the most frequently received types of service for all groups, while each of the five types of training, were the least frequently received types of service across all groups.

Service Differences by Severity of Disability

Severely disabled clients received a slightly greater number of services than others (3.8 versus 3.4) at considerably higher cost. Their median cost of $645 was 30 percent greater than the amount spent on services for others.

Severely disabled clients received more of all kinds of services, with the largest differences in

-- personal and vocational adjustment training (11 percent more frequent for severe cases) and

-- restoration, counseling, and unspecified training (5 percent more frequent).

Service Differences by Type of Disability

We found some differences between disability groups in the average number of services received per client. As table 2 indicates, the greatest number of services were received by clients with a substance abuse problem (4.0), while the fewest services were received by clients whose disability was caused by an orthopedic impairment/amputation (3.5) or by a type of impairment other than the six major types listed in table 2 (3.5). Again, within each disability group, the average client who was

rehabilitated received approximately one more service on average than did the average client who was not rehabilitated.

Table 2: Number and Cost of Services by Type of Disability and Closure Status

Type of disability	Mean number of services			Median cost of services		
	All clients	Rehabilitated	Not rehabilitated	All clients	Rehabilitated	Not rehabilitated
Visually impaired	3.8	4.0	3.1	$795	$993	$370
Hearing impaired	3.6	3.8	3.1	744	773	575
Orthopedic impairment/ amputee	3.5	4.1	2.7	638	992	324
Mentally ill	3.8	4.5	3.0	445	685	260
Mentally retarded	3.7	4.2	2.8	536	800	245
Substance abuse	4.0	4.5	3.2	420	570	254
Other	3.5	3.8	2.7	639	896	304

Source: 1988 RSA case service reports

The median cost of services per client varied much more widely, from $795 for the visually impaired to $420 for clients with a substance abuse problem. For all types of disability, the amount spent on services for rehabilitated clients was considerably higher than that for clients not rehabilitated.

Analyzing the frequency of each of the 13 types of service for the 7 types of disabilities, we found a complex picture. (See appendix II.) Clients with all types of disability used the two common services most (that is, diagnosis and evaluation, and counseling and guidance) and training least. However, among the remaining clients (depending on disability), we found, for example, that

-- a lesser percentage with visual impairments received referral and placement services;

-- a greater percentage with hearing impairments received restoration services, and a lesser percentage received transportation services;

-- a greater percentage with mental retardation received placement services, adjustment services, and on-the-job training, and a lesser percentage received restoration services and college/university training; and finally,

-- a greater percentage with substance abuse problems received counseling and guidance, transportation, income maintenance, and other types of service.

OUTCOMES FOR REHABILITATED CLIENTS

To evaluate the long-term effects of VR services on employment and earnings of the persons with disabilities who are served, we obtained SSA records for all those whose cases were closed in 1980. The data allow us to look at the annual earning of rehabilitated and no rehabilitated clients and applicants not accepted for services, for several years before referral to the program and for 8 years after their cases were closed. This is unusually rich information for describing program participants, and our analyses are not yet complete. We will present today only data on those clients classified as having been rehabilitated (who totaled 266,167).

The following is a summary of our findings:

-- About 70 percent of the group had wage earnings in the 3 years before entering the program, and this fraction went up to 77 percent in 1980, the year VR services ended.

-- However, the proportion with some wage earnings shrank in succeeding years, quickly reaching levels lower than those before program entry.

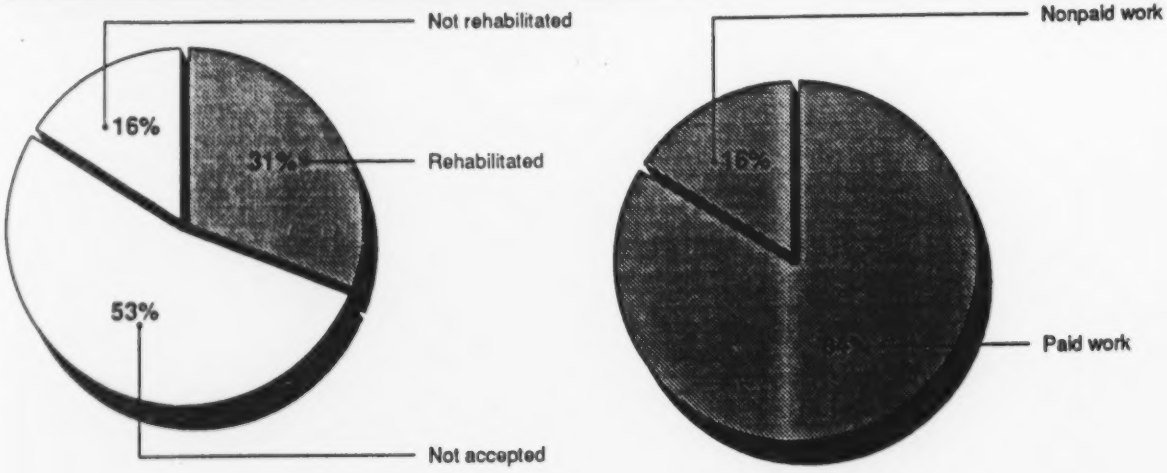
-- Only half the group had earnings regularly in each year for 4 years after 1980, and only 37 percent had earnings in each year for 8 years after 1980.

-- For the decreasing number with any earnings, with every year after 1980 the number receiving less than the equivalent of a year's minimum wages declined, and the average annual amount rose (in constant dollars). Nevertheless, by 1988, the annual earnings of 40 percent of program participants still remained below the annualized minimum wage.

Results for All 1980 Cases

As figure 2 shows, of all persons whose cases were closed in 1980, half were not accepted for services. Of the remainder, one third were rehabilitated. The last 16 percent were served but did not complete the VR program or did not find or maintain employment for 60 days. Within the group considered rehabilitated, 86 percent found paid work in the 60-day period--in the competitive labor market, through self-employment, or through employment in a sheltered workshop. The other 14 percent worked without pay (for example, in a family-run business) or were principally engaged in homemaking activities.

Figure 2: Status at Closure: All Cases Closed in FY 1980



Closure Status

Work Status

Source: Data from 1980 SSA-RSA datalink

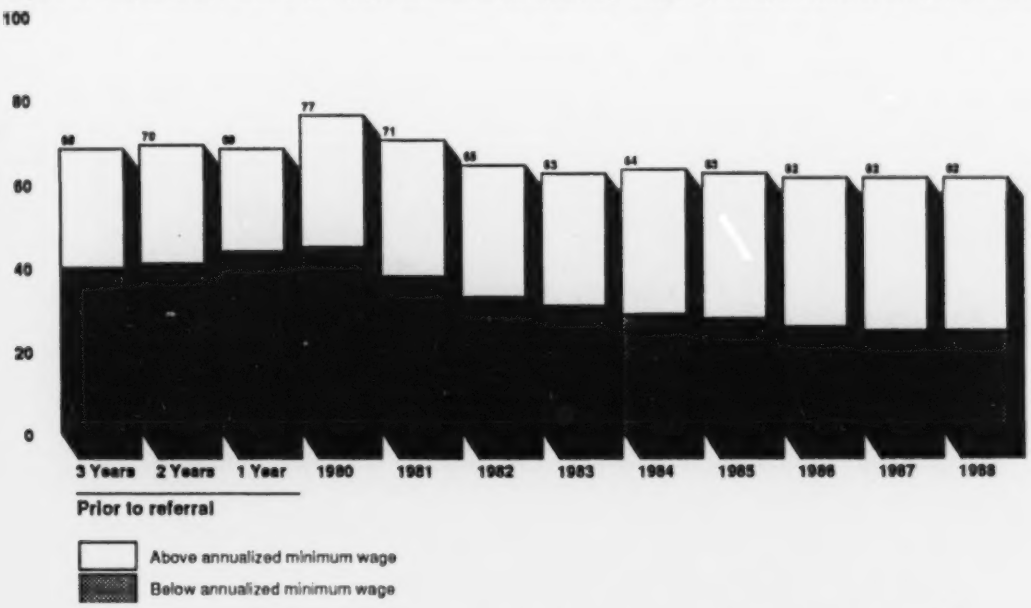
Level of Employment

To determine whether rehabilitated clients stayed employed, we first looked to see what proportion had any earnings from wages (that is. had been employed for at least some time during the year) in the years after leaving the program, and whether these proportions were greater than in the 3 years before they were referred to the program.

As shown in figure 3, before referral about 70 percent of this group had some wage earnings each year. Following a jump to 77 percent in 1980--the year the group ended VR services--the percentage with any wage income dropped to 65 percent in 1982, then levelled off at between 62 and 64 percent over the next 6 years.[4] This rising and falling pattern was similar for severely and nonseverely disabled rehabilitants (not shown), although the percentage of severely disabled with any earnings was 9 to 12 percent below the other group throughout the entire pre- and post-VR periods.

[4]The fact that 86 percent of those rehabilitated in 1980 were in the paid labor market, according to RSA records, while only 77 percent have any wage income in 1980, according to SSA records, is not inconsistent. RSA data are reported for the fiscal year, and a number of rehabilitants actually finished the program between October 1, 1979, and December 31, 1979. Some of these persons may have lost their jobs before the start of 1980 and did not find further work during the year. Thus, there was no wage income reported to SSA for them during calendar year 1980.

Figure 3: Percent of Fiscal Year 1980 Rehabilitants With Any Wage Income, Divided at the Annualized Minimum Wage



Source: Data from 1980 SSA-RSA datalink 5-percent sample

Regularity of Employment

We also examined what proportion of rehabilitated clients had any earnings in every year after 1980, to see how many stayed regularly employed in the labor market. Only half of those who found paid work at the end of the VR program had earnings (of any amount) in all 4 years, 1981-84, and by the end of the 8-year post-VR period, only 37 percent had regular earnings in each year, 1981-88.

Level of Earnings

To determine how much rehabilitated clients earned, we calculated the average annual earnings of those with any wages, and we compared this with what the yearly income would have been for a person working full-time at the minimum wage (both expressed in 1988 dollars). For the decreasing group with earnings each year after 1980, figures 3 and 4 show that at least their situation improved. The average wage rose (see figure 4), and thus the fraction with less than this minimum-wage equivalent was smaller and smaller each year (see figure 3). Before referral to the program, 60 to 65 percent of clients who were eventually rehabilitated had earnings below this annualized minimum wage. Even with the steady improvement we observed, in 1988 40 percent of those with any wage income had earnings that remained below the annualized minimum wage.[5]

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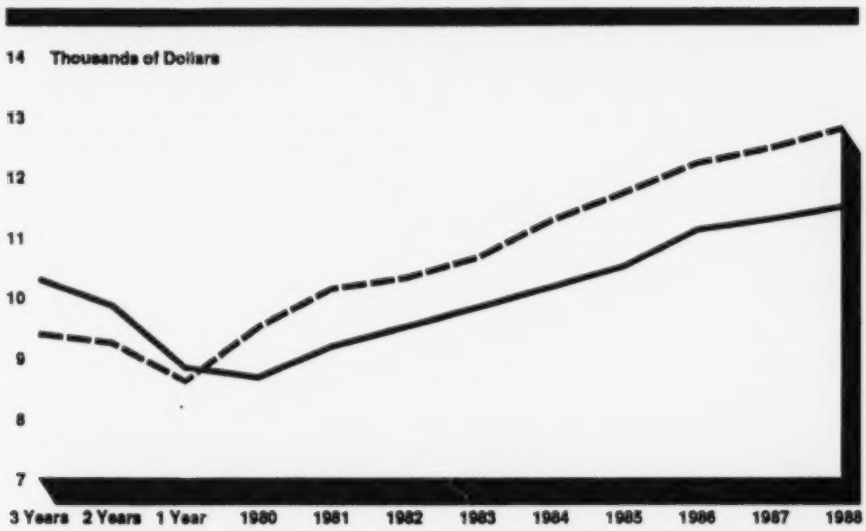
[5]The real value of the minimum wage dropped considerably during the 1980's. The hourly minimum wage was not raised between 1981 and 1988, remaining at $3.35 each year. Thus, the value of the wage in 1988 dollars (using the consumer price index for adjustment) dropped from $4.35 in 1981 to $3.35 in 1988. Annual income in 1988 dollars, based on 2,080 hours of work at the minimum wage, was $9,048 in 1981 and $6,968 in 1988.

Figure 4: Yearly Average Earnings From Wages: Fiscal Year 1980 Rehabilitants With Any Wage Income By Severity of Work Disability



Note: Earnings CPI-adjusted to 1988 dollars

Source: Data from 1980 SSA-RSA datalink 5-percent sample

We also looked separately at the earnings of the severely disabled group within the overall 1980 group. (See figure 4.) For both this group and those with nonsevere disabilities, average earnings were declining before referral, though the severely disabled group actually had higher annual income levels than the nonsevere group (shrinking to a difference of only $223 in the year before referral).

After VR services ended in 1980, both groups experienced steady earnings' growth over the next 8 years (1981-88), from $9,172 to $11,489 for the severely disabled and $10,119 to $12,794 for the nonseverely disabled. However, the earnings advantage for the severely disabled was reversed in the years after leaving the VR program, with this difference widening as the 1980's progressed. In the 1981-83 period, the nonseverely disabled earned $812 to $947 more per year than the severely disabled; in the 1984-88 period, this annual difference increased to $1,100 to $1,300.

Our Ongoing Work

In this section, we note some limitations and describe our ongoing work. First, the data did not allow us to examine the relationship between specific services provided to VR clients and their long-term employment outcomes. Second, we chose to focus on employment and earnings, although we recognize that there are other important outcomes of the vocational rehabilitation process (such as increased independence and community integration for persons with disabilities). Third, we do not present employment and earnings of groups who are comparable to rehabilitated clients. In our continuing work, we are identifying appropriate comparison groups from within the 1980 VR cohort. Likewise, we will be examining, for comparison, national employment trends during the 1980's.

Mr. Chairman, this concludes my remarks. I would be happy to answer any questions you may have.

SEVEN MAJOR DISABLING CONDITIONS

Type	Impairment
Visual	Blindness, both eyes, no light perception
	Blindness, both eyes (with correction not more than 20/200 in better eye or limitation in field within 20 degrees)
	Blindness, one eye, other eye defective
	Blindness, one eye, other eye good
	Other visual impairments
Hearing	Deafness, prelingual
	Deafness, prevocational
	Deafness, postvocational
	Hard of hearing, prelingual
	Hard of hearing, prevocational
	Hard of hearing, postvocational
Orthopedic	Involving three or more limbs or and amputation entire body
	Involving one upper and one lower limb (including side)
	Involving one or both upper limbs (including hands, fingers, and thumbs)
	Involving one or both lower limbs (including feet and toes)
	Other and ill-defined impairments (including trunk, back, and spine)
	Loss of at least one upper and one lower major extremity (including hands, thumbs, and feet)
	Loss of both major upper extremities (including hands or thumbs)
	Loss of one major upper extremity (including hand or thumb)
	Loss of one or both major lower extremities (including feet)
	Loss of other and unspecified parts (including fingers and toes, but excluding thumbs)
Mental illness	Psychotic disorders
	Neurotic disorders
	Mental and emotional disorders not elsewhere classified

Type	Impairment
Mental retardation	Mental retardation, mild
	Mental retardation, moderate
	Mental retardation, severe
Substance abuse	Alcohol abuse or dependence
	Other drug abuse or dependence
Other	Other conditions resulting from neoplasms
	Allergic, endocrine, metabolic, and nutritional diseases
	Diseases of the blood and blood-forming organs
	Other specified disorders of the nervous system
	Cardiac and circulatory system conditions
	Respiratory system conditions
	Digestive system conditions
	Genitourinary system conditions
	Speech impairments
	All other disabling diseases and conditions

APPENDIX II

PERCENT OF CLIENTS WHO RECEIVED TYPES OF SERVICE, BY TYPE OF DISABILITY

Type of service	Visually impaired	Hearing impaired	Orthopedic/ impairment amputee	Mentally ill	Mentally retarded	Substance abuse	Other
Diagnosis and evaluation	90	90	86	86	89	86	87
Counseling and guidance	70	68	72	75	73	82	72
Restoration	53	64	34	30	10	29	35
Transportation	25	16	25	31	29	37	22
Placement	15	24	20	23	30	22	21
Referrals	12	20	19	23	26	23	20
Income maintenance	18	14	19	23	18	28	17
Adjustment training	29	11	10	22	39	17	14
Business or vocational training	6	8	14	16	7	13	12
Miscellaneous training	17	10	10	12	16	13	11
College or university training	9	12	15	11	2	10	11
On-the-job training	7	5	5	7	15	7	7
Other services	27	24	21	22	18	32	18

GLOSSARY

Adapted from the transmittal of instruction for the RSA-911 Reporting System sent from RSA to state agencies.

Diagnosis and Evaluation

This complex of services is designed to enable the rehabilitation agency to determine a client's eligibility for vocational rehabilitation services, and/or to determine the nature and scope of services to be provided. Diagnosis and evaluation can be medical, psychological, social, or vocational in scope.

Counseling and Guidance

This would include any of the many different kinds of counseling and guidance services that counselors may have to provide for their clients.

Restoration

This category includes those medical and medically-related services which are necessary to correct or substantially modify a physical or mental condition. Restoration service includes surgery, therapy, treatment, hospitalization, prosthetic appliances, etc.

Transportation

Transportation is any service that enables the client to arrive at appointments for diagnosis and evaluation, medical services, training, or any other rehabilitation service, as well as to permit the client to get to work. Included would be the provision of vans, cabs, private cars, etc., for the client as well as payments made to these carriers.

Placement

A placement service is rendered when the client is referred to and is hired by an employer. Excluded would be the instances in which the client found his or her own job, or where the client's employer at the time of application for rehabilitation services retained the individual in employment. A key element of this service is that the client become employed as a result of the job referral. However, the employment does not need to be successful.

Referral

A job referral occurs when a client is sent for and has a job interview with a prospective employer. This referral need not result in the offer of a job.

Income Maintenance

Included is any service provided to cover basic living expenses so that the individual can derive the full benefit of other vocational rehabilitation services.

Adjustment Training

This is training that helps the client to adjust to a particular situation hindering his or her ability to work. Included would be work conditioning; developing work tolerance; training in the use of artificial limbs, aids, or appliances; mobility training; remedial training; literacy training; lip reading; braille; etc.

Vocational Training

This is non-collegiate post-secondary education. Included is training in a business/commercial school or college (preparing the client for work in areas of office practice, typing, bookkeeping, accounting, etc.) and a vocational trade school (preparing the client for occupations such as welding, woodworking, TV repair, drafting, cosmetology, etc.).

Miscellaneous Training

Training that do not readily fit into other types of training (e.g., academic training on a secondary level or lower, specialized schools for the blind and deaf which are academic in nature).

College Training

All academic training on a level higher than a secondary education.

On-the-job Training

Training by a prospective employer in which the client usually works for wages while learning the skills of a job.

Other services

Included are reader and interpreter services, occupational tools and equipment, initial stocks and licenses, services to family members for the benefit of the client, and medical care for acute conditions arising during rehabilitation that jeopardize a client's rehabilitation potential.

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